



cbc:
carmel bible college

registered address: 817a bath road brislington bristol bs4 5nl united kingdom
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>>2008/2009 Application Form

FOR OFFICE USE ONLY

ATTACH 1ST PHOTO HERE

Passport Size
Photos Only

ATTACH 2ND PHOTO HERE

Do not send
Application
Without Photos

Date received: _____

Student ID No: _____

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Application fee | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Minister's Recom. | <input type="checkbox"/> Accepted |
| <input type="checkbox"/> Personal Recom. | <input type="checkbox"/> Rejected |
| <input type="checkbox"/> Relative's Recom. | <input type="checkbox"/> Conditional |
| <input type="checkbox"/> International | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Acceptance Letter Sent: _____ | |

IT IS IMPORTANT that you read the Application Procedure before you complete this form. This will be found on a separate sheet enclosed in this application pack or if you downloaded this from our website then see Application Procedure on the Application page. Answer **ALL** questions relevant to your application. Any unanswered questions will result in your application being delayed. If the question does not apply write N/A.

The application fee for a first or second year application is £15 (single) or £20 (married couple), and the application fee for a third year application is £20 (single) or £25 (married couple). The non-refundable application fee must accompany your application, as well as **TWO** passport size photographs (close up, head and shoulders only).

All recommendation forms must be filled out by the relevant people and returned directly to **cbc:** Your application can only be processed if you have followed all of the above instructions.

APPLICATION FOR ADMISSION TO:

FIRST YEAR PROGRAMME SECOND YEAR PROGRAMME THIRD YEAR PROGRAMME

A. PERSONAL AND GENERAL INFORMATION

1. FULL NAME

Title: Mr Mrs Miss Rev Dr Other: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

2. TELEPHONE NUMBERS

HOME NO: Area Code: _____ No: _____

WORK NO: Area Code: _____ No: _____

3. RESIDENTIAL ADDRESS _____

Post Code: _____

4. CORRESPONDENCE ADDRESS (IF NOT THE SAME AS ABOVE) _____

Post Code: _____

5. EMAIL ADDRESS _____ @ _____

>>2008/2009 Application Form

A. PERSONAL AND GENERAL INFORMATION

5. BIRTH DATE: Day ____ Month ____ Year ____ 6. NATIONALITY: _____

7. NIS NUMBER _____ 8. HOME LANGUAGE: _____

9. SEX: Male Female

10. INDICATE WHETHER YOU
WILL BE ATTENDING cbc: AS: Individual Married Couple

11. LIST DEPENDANTS:
INCLUDE THOSE THAT YOU SUPPORT FINANCIALLY

First Name _____ Surname _____

Age _____ Date of Birth _____ Relationship _____

First Name _____ Surname _____

Age _____ Date of Birth _____ Relationship _____

First Name _____ Surname _____

Age _____ Date of Birth _____ Relationship _____

First Name _____ Surname _____

Age _____ Date of Birth _____ Relationship _____

12. YOUR PRESENT OCCUPATION: _____ 13. NAME OF EMPLOYER: _____

14. ADDRESS OF EMPLOYER: _____

Post Code: _____

15. NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY:
NAME: _____ RELATIONSHIP: _____

TELEPHONE NUMBERS:

HOME NO: Area Code: _____ No: _____

DAYTIME NO: Area Code: _____ No: _____

RESIDENTIAL ADDRESS: _____

Post Code: _____

>>2008/2009 Application Form

B. MARITAL STATUS INFORMATION
1. MARITAL STATUS:
 Single Married Widower Divorced Engaged Widow Separated Remarried

a. Have you or your spouse been previously married? Yes No

b. If yes, give details: How many times: _____ Date of last marriage: _____

2. PERSONAL DATA OF SPOUSE/FIANCÉ (E):

 Title: Mr Mrs Miss Rev Dr Other: _____

Surname: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

TELEPHONE NUMBERS

HOME NO: Area Code: _____ No: _____

WORK NO: Area Code: _____ No: _____

BIRTH DATE: Day _____ Month _____ Year _____ NATIONALITY: _____

NIS NUMBER: _____ HOME LANGUAGE: _____

SECOND YEAR APPLICANTS, GO TO QUESTION 4

3. OTHER DETAILS:

 Is your spouse/fiancé(e)
 born again? Yes No

 Is he/she filled with
 the Holy Spirit? Yes No

 Will he/she be attending abtc:
 with you? Yes No

4. AGREEMENT:

 Is he/she in agreement with your
 decision to attend **cbc**? Yes No

 Is he/she in full agreement with
cbc: terms and conditions? Yes No

To confirm agreement, signature of spouse required

C. SPIRITUAL DETAILS

SECOND YEAR APPLICANTS, GO TO SECTION D

1. Have you been born again according to John 3:3-6? Yes No

Place: _____ Date: _____

**2. Have you received the Baptism of the Holy Spirit with the evidence of speaking
 in other Tongues according to Acts 2:4?** Yes No

Place: _____ Date: _____

3. Have you been baptised as a believer by full immersion in water? Yes No

Place: _____ Date: _____

4. State your fundamental beliefs:

 Do you believe the Bible is God's inspired Word and the only
 infallible Guide in matters pertaining to conduct and doctrine? Yes No

 Do you believe in the Trinity - that is God is One, but manifested
 in three Persons: the Father, the Son and the Holy Spirit? Yes No

 Do you believe in the Deity of Jesus Christ, that He is God made
 flesh and that He is the only Mediator between God and man? Yes No

>>2008/2009 Application Form

D. MINISTERIAL DETAILS CONT.

- 3. How long have you attended this Church? _____ If less than one year, explain briefly: _____

- 4. What is your position in the Church? _____
- 5. List Church activities you have been involved in and for how long: _____

- 6. Which Church did you attend before? _____

SECOND YEAR APPLICANTS, GO TO SECTION H

- 7. Do you have a definite call of God on your life to enter the ministry? (Into the Five Fold Ministry)
 Yes No Not Sure
If 'Yes', explain briefly when, how and why you know that you are called of God:

- 8. Identify the area(s) of ministry to which you feel God is calling/has called you:
 Missions Pastor Helps Evangelist Teacher Other (Specify): _____
- 9. Do you hold ministerial credentials with any organisation? Yes No
If 'Yes' are you Licensed? Ordained? Which organisation/denomination? _____

THIRD YEAR APPLICANTS, GO TO SECTION E

- 10. If you are currently not involved with a church, please explain why on a separate page.

E. CHURCH AFFILIATION AND REFERENCES

- 1. Minister's recommendation given to (Must be your Pastor):
NAME: _____ CHURCH: _____
TELEPHONE NO: Area Code: _____ No: _____
RESIDENTIAL ADDRESS: _____

Post Code: _____

THIRD YEAR APPLICANTS, GO TO SECTION F

- 2. (a) Personal recommendations given to (a) someone who has known you well for a year or more.
NAME: _____ CHURCH: _____
TELEPHONE NO: Area Code: _____ No: _____
RESIDENTIAL ADDRESS: _____

Post Code: _____

>>2008/2009 Application Form

E. CHURCH AFFILIATION AND REFERENCES CONT.

(b) Personal recommendations given to (b) a relative.

NAME: _____ CHURCH: _____

TELEPHONE NO: Area Code: _____ No: _____

RESIDENTIAL ADDRESS: _____

_____ Post Code: _____

F. EDUCATIONAL HISTORY

1. Tick highest level of secular education attained: GCSE A Levels Diploma Bachelors
 Honours Masters Doctorate Other (Specify): _____

2. Have you ever been denied acceptance or been expelled, dropped or suspended from any
School/College/University? Yes No Date: _____

3. List the Secondary School and Tertiary educational institutions attended by you:

Name of School	From (Year) to (Year)	Diploma/Degree/etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIRST YEAR APPLICANTS, GO TO SECTION G

4. State which Bible Training Centre you attended: _____

5. Confirm number of years attended: One Two

6. State the year that you graduated: _____

G. OCCUPATIONAL HISTORY

1. Please list your present and past work experience starting with your present employer:

Name of Employer	From (Year) to (Year)	Occupation/Duties Performed
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List any occupational/professional skills you possess:

>>2008/2009 Application Form

H. FINANCIAL HISTORY

The Administrators of cbc: are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his/her financial responsibilities are very significant to a successful ministry. Thus, we desire the following information:

1. Please indicate how you plan to pay your expenses:

- Spouse Employment Savings Parents (Amount Promised) £ _____
- Sponsor (Amount Promised) £ _____
- Other (Specify) _____ (Amount Promised) £ _____

If sponsored, signature of sponsor is required:

_____ Date _____
 Signature of sponsor or parent(s) (if applicable).

THIRD YEAR APPLICANTS NOTE: The content of the Third Year Programme will not enable you to work whilst you study. Thus, we require proof of your ability to pay your expenses without working.

2. Have you had any civil or criminal proceedings against you? Yes No
 If Yes, explain and include all charges and sentences for the last twenty years on a separate sheet.
 If Imprisoned, include the date of your release: _____

3. Are there currently any judgements against you? Yes No
 If Yes, explain:

I. MEDICAL DATA

1. Height: m cm Weight: kg

2. Indicate by ticking your physical condition (E - Excellent, G - Good, F - Fair, P - Poor)

E	G	F	P		E	G	F	P		E	G	F	P	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes/Eyesight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears/Hearing

3. Relate any illnesses/conditions that you have had/presently have:

4. Have you ever been committed/voluntary patient in a mental hospital/sanitarium?
 Yes No
 If Yes, specify date, reason, name of doctor and address of sanitarium:

5. Do you have any physical disabilities? Yes No
 If Yes, specify: _____

6. Do you have any known drug allergies? Yes No
 If Yes, specify drug (s): _____

>>2008/2009 Application Form

I. MEDICAL DATA CONT.

7. Are you presently taking any form of medication? Yes No
If Yes, name of medication/drug: _____ How often? _____
Name of attending Physician: _____

8. Medical Consent:
"I hereby grant permission to cbc: or its consulting physician to render to me any emergency treatment, medical or surgical care that might be deemed necessary. When necessary for executing such care, I also grant permission for hospitalisation at an accredited hospital."

You must tick YES or NO and sign on the line below Yes No

_____ Date
Applicant must sign

J. DECLARATION

SECOND YEAR APPLICANTS, GO TO QUESTION 3
THIRD YEAR APPLICANTS, GO TO QUESTION 4

- 1. Explain briefly on a separate sheet why you want to attend carmel: bible college.
- 2. Have you previously submitted an application to attend **cbc:?** Yes No Date: _____
- 3. If under 18 years, has consent of parent(s)/guardian been obtained for your studies at **cbc:?**
 Yes No

_____ Date
Signature of parent(s)/guardian

4. "I understand that all items submitted to cbc: as part of the application process will not be returned. I hereby state that all the information contained in this application is correct and true. If **cbc:** is notified that any of this information is false, it could be grounds for immediate dismissal."

_____ Date
Signature of applicant

Data Protection Act

Unless otherwise informed, all relevant information contained in this application form will be kept on the **cbc:** database for use by cbc: to maintain student records. It is the policy of **cbc:** and **cla:** not to pass your information to third parties, but to keep you informed of events as necessary.